

NATIONAL AGE GROUP TRIATHLON SERIES 2013

Race No:

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4th Provincial Leg – Cagayan de Oro City**RACE CATEGORY****A) Individual** Standard (1.5Km Swim – 40Km Bike – 10K Run) Sprint (750m Swim – 20Km Bike – 5K Run)**B) Team Relay** Standard (1.5Km Swim – 40Km Bike – 10K Run)

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|------------------------------|--------------|---|--|
| Full Name: | | Citizenship: | |
| Birthdate (Mo/Day/Yr): | Age in 2013: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | |
| Home Address: | | | |
| Company/School/Team: | | | |
| Tel/Cellphone Nos: | | Email: | |
| Payment Info: Amount: | Received by: | Date Received: | |

For TEAM RELAY:

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|------------------------------|---|---|
| 2 nd Member Name: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Will do: <input type="checkbox"/> Swim <input type="checkbox"/> Bike <input type="checkbox"/> Run |
| 3 rd Member Name: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Will do: <input type="checkbox"/> Swim <input type="checkbox"/> Bike <input type="checkbox"/> Run |

WAIVER/RELEASE FORM

In consideration of my entry, I, my heirs, executors and administrators release and forever discharge the Triathlon Association of the Philippines (TRAP), the Host City, its officers, staff, sponsors, servants, agents, subcontractors, instrumentality, and all voluntary community groups and all organizations assisting this event, producers, their agents and representatives of all liabilities, claims, damages or cost which I may have against them arising out of, or in any way connected with my participation in this event. I understand this waiver includes claims based on negligence, action or inaction of any above parties. I fully recognize the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself a life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.

I agree that in the event of race cancellation due to storm, rain, inclement, weather, wind or any unforeseeable or "act of God" conditions, my entry fee shall be non-refundable and non-transferable.

I have carefully read this entry form and agree to abide by all rules and directions of all race officials on the day of the race.

Participant's Printed Name(s) & Signature(s)_____
Signature and Name of Participant's Guardian
If participant is below 18 years old**RECEIPT FOR REGISTRATION TO THE NATIONAL AGE GROUP TRIATHLON SERIES 4th LEG**ATHLETE NAME: _____ AMOUNT PAID: _____
RECEIVED BY: _____ DATE RECEIVED: _____

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| REGISTRATION FEES | <i>Individual & Team Relay (each member): P1,500 until April 30, 2013. P1,800 after April 30, 2013. P2,000 if registering on race day.</i> |
| CATEGORIES & AWARDS: | TOP 3 for each Male age group: 16-19 / 20-24 / 25-29 / 30-34 / 35-39 / 40-44 / 45-49 / 50-54 / 55-59 / 60 & above TOP 3 for each Female age group: 16-19 / 20-29 / 30 & above |
| TO REGISTER: | Submit filled-up registration form and your registration fee to ALING NONA'S LECHON (2 nd Flr Robinson's Mall) or Sprint Multisport (Corrales Ave) |
| For additional info, contact Sonny (09228949094) or Loloy Sogoc (09228220681), or visit our website at http://nagt-cdo.weebly.com . | |

PARTICIPANTS WILL RECEIVE FINISHER'S SHIRT AND BUFFET MEAL.